



APPLICATION FEE SCHEDULE
Kinesiological Electromyography and Electroneuromyography Examination
(FEES SUBJECT TO CHANGE)

FULL NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

PT License #: _____

FEE CALCULATION:

1. Application Processing Fee
(Check either box A or B)

A. ☐ Kinesiological Electromyography \$100.00

B. ☐ Electroneuromyography \$100.00

2. Written Examination Fee
(Check either box A or B)

A. ☐ Kinesiological Electromyography \$500.00

B. ☐ Electroneuromyography \$500.00

Total: \$_____

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE PTBC
AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE

FOR BOARD USE ONLY

CASHIERING USE ONLY	RECEIPT NO.	KEMG Application f125700 4T	KEMG Exam Fee 125700 4R	ENMG Application 125700 4S	ENMG Exam Fee 125700 4H
		\$100	\$500	\$100	\$500

ATS # _____